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ABSTRACT

Issues involved in education of handicapped Navajo children are examined. Background sections contrast the history of treatment for the handicapped in America with the treatment received by handicapped Navajos. Unemployment, substandard housing, lack of accessibility within the reservation, overpopulation, language barriers, and the relationship of the Navajo nation to the US government are all explained to make the situation of handicapped Navajos unique. Reasons for the poor quality of education in the Navajo nation are traced largely to defects in the BIA (Bureau of Indian Affairs) system. The need for more on-reservation facilities for handicapped Navajos is stressed. Existent programs are briefly described, as are pertinent federal laws. Health care needs are listed, including needs for early childhood screening, diagnosis, and intervention. Housing and employment considerations are also briefly addressed. (CL)

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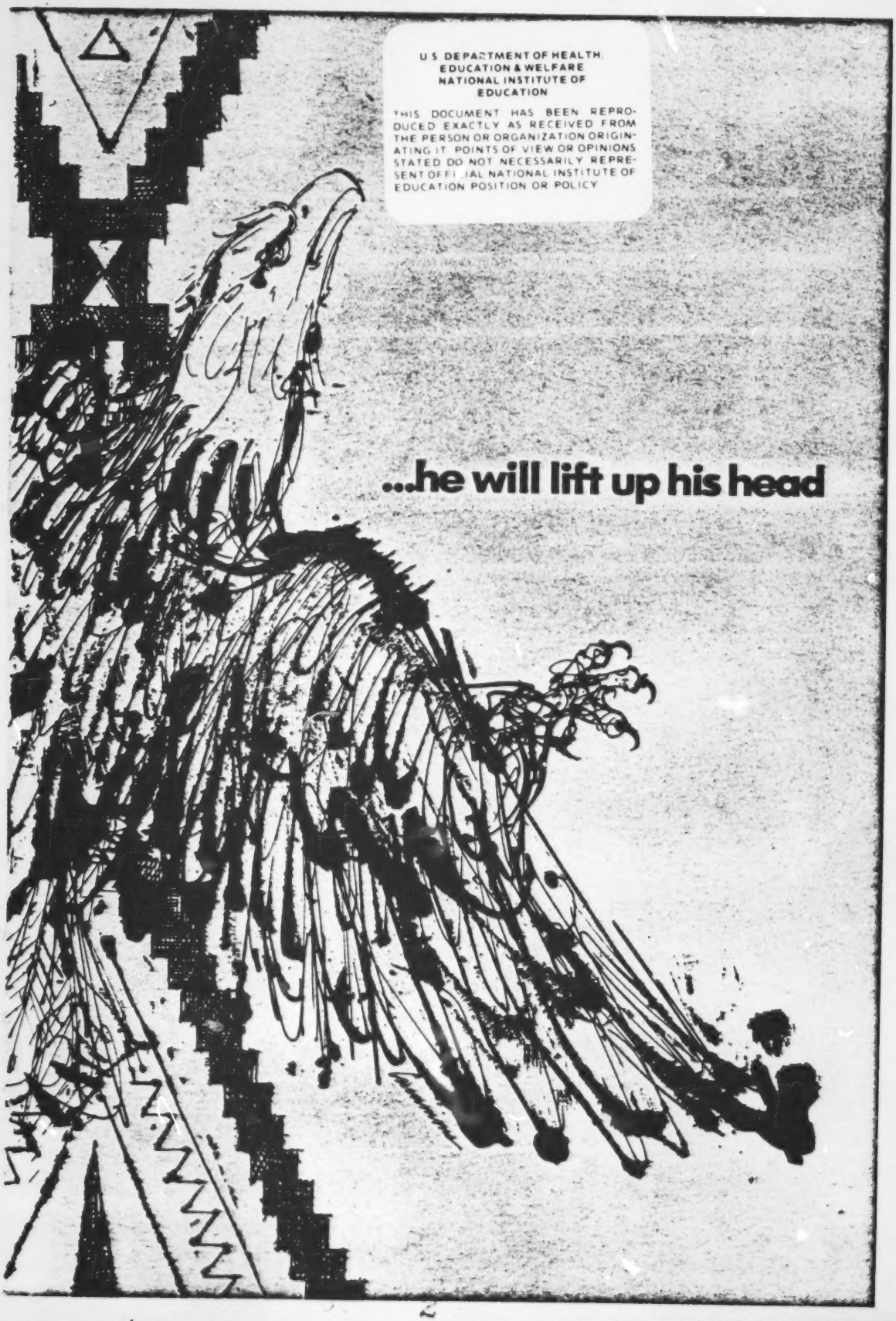

Cage the badger and he will try to break from his prison and try to regain his native hole. Chain the eagle to the ground -- he will strive to gain his freedom, and though he fails, he will lift up his head and look up to the sky which is home . . .

Navajo Headman, 1868

A REPORT TO THE DEVELOPMENTAL DISABILITIES OFFICE ON THE SITUATION OF HANDICAPPED NAVAJOS AND THE IMPLICATIONS THEREOF FOR ALL DISABLED NATIVE AMERICANS

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Introduction

The Navajo Nation (population, 125,000) occupies 25,000 square miles of land (approximately the size of West Virginia) straddling three states (Arizona, New Mexico and Utah) in the southwestern United States.

The Navajos comprise "the largest, wealthiest, most energetic tribe in America . . .

"The progress of the Navajos is nothing less than phenomenal. They have repeatedly demonstrated that they are able learners and adaptors. They display extraordinary perspicacity, remarkable physical stamina and superior intellect. The symphonic functioning of their inherent aggressiveness, determination, and self-faith has made it possible for them to advance against overwhelming odds, far beyond the progress attained by other Indian tribes."

This glowing tribute, written by John Upton Terrell in his book The Navajo, does not overstate the case. The achievements of the Navajo people throughout their long history have been many and outstanding.

In spite of this, the Navajo reservation can be likened today to a developing nation within the boundaries of the United States with all the problems inherent to underdevelopment: poverty, disease, ignorance, unemployment, substandard housing, etc. This situation is due largely to the fact that the federal, state, and local governments have failed, for a variety of reasons to live up to their responsibilities to the Navajo people.

Nowhere is this more apparent than in their neglect of the physically, mentally, and emotionally handicapped Navajo. Their problems have been all but ignored in government planning, programming, funding, and administration.

This situation is gradually beginning to change as more Navajo parents of the handicapped, like other American parents before them, become aware of their rights and their responsibilities to their children. Under their pressure, government agencies have slowly begun to bend to the needs of handicapped Native Americans.

In the spring of 1976, the first Inter-Tribal Symposium on the subject of handicapped Native Americans was held at Window Rock, Arizona on the Navajo reservation. Sponsored by the Dine' (The People=Navajo) Association of Retarded Citizens with the cooperation and support of the President's Committee on Mental Retardation, the Symposium brought together handicapped Native Americans, their parents, friends and advocates from all over the United States for three days of discussion.

This volume is an outgrowth of that meeting. By examining the situation of the handicapped Navajo, it is hoped that some light will be shed on the unique problems of all handicapped Native Americans. It is further hoped that a renewed effort will be made on the part of government to accept its responsibility in this area and work with Native Americans to improve the lot of their handicapped.

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Opinions expressed in this publication are those of the authors and do not necessarily reflect the views of the Department of Health, Education and Welfare or its agencies.

Background

The Handicapped in America

Americans have a long tradition of neglect and ill-treatment of the handicapped. (For the purposes of our discussion, the term handicapped will encompass the physically disabled, mentally retarded, emotionally disturbed and/or mentally ill.) This behavior is rooted in centuries-old cultural attitudes and prejudices our founding fathers brought with them from Europe, where those who were considered "abnormal" were society's outcasts. Throughout history the handicapped have been shunned or hidden from view in attics, closets and dungeons.

Although our methods of treating the handicapped have undergone profound changes in the two hundred years since the founding of the American republic, the attitudes of the American people have not always kept apace. In fact, they have in the end prevented the kind of progress in treatment of handicapping conditions on a national scale that we are capable of. It is not that we lack the knowledge or the skill needed to improve the lot of the handicapped; what we have lacked as a nation is the social, emotional and financial commitment needed to achieve a better life for our handicapped.

In colonial America, it was not uncommon for physical or mental abnormalities to be regarded with suspicion, as the works of the devil, or signs of witchcraft.

During the eighteenth century (a period known as the Age of Enlightenment in Europe) a new spirit of scientific inquiry lead to the exploration of the true origins of physical and mental abnormalities and the subsequent debunking of many of the prevailing myths regarding them.

The philanthropists of the nineteenth century called for more humane treatment of the handicapped and built asylums where they could be housed and cared for.

The twentieth century saw the introduction of the concept of rehabilitation to the lexicon of medical treatment. The goal of rehabilitation is the complete restoration of the handicapped to full and useful lives.

While few handicapped Americans today have to worry about accusations of witchcraft, they are still not able to participate fully in the mainstream of American life. The promise of independence held out to them in the early part of this century has not yet become a reality for the majority of handicapped Americans. Many are still housed in outmoded institutions that have never offered more than minimal custodial care. Education, enlightened health care, economic opportunity -- the tools necessary for independent living and the things the majority of us take for granted -- are beyond the grasp of a great number of the disabled. As a result, they continue to exist on the fringes of society.

Around the middle of this century, parents of handicapped children dissatisfied with the limited future facing their children began to organize into groups for the purpose of winning for their children the opportunities other children took for granted. Organizations such as the National Association for Retarded Children, the National Federation of the Blind, and United Cerebral Palsy grew out of these early parent meetings. Where they found a lack of public facilities for the care of their children, they raised funds and built their own. Many privately operated diagnostic centers, residential schools, recreational, vocational and rehabilitation facilities were founded by these groups.

Perhaps the greatest contribution these special interest groups made was in the area of public education regarding the true nature of disabling conditions. This effort did much to de-mythicize and de-stigmatize disability,

and laid the groundwork for recent developments in advocacy for the handicapped.

In the late 1960's, having taken their cue from the successes of the Black civil rights movement, the handicapped and their supporters changed their tactics. Instead of devoting all their efforts to the creation of alternative facilities for the disabled, they began to demand their right to access to public facilities. They lobbied for state and federal legislation that would protect the rights of the disabled to services such as free public education and adequate treatment in public health facilities. In addition, they took legal action in the courts against those institutions that refused to act in accordance with the law.

In the 1970's the handicapped themselves became more publicly active in their cause. They began to speak out and organize in their own behalf. Within a short time, they managed to win unprecedented public recognition and support of their cause. Although they still have far to go, they stand closer to their goal of achieving full citizenship.

The Handicapped Navajo

Long before the first European settlers arrived on our shores, the North American continent was populated by a great variety of peoples whose ancestors had migrated from the East centuries before. These groups carried with them their own special attitudes toward and ways of dealing with physical and mental abnormalities. For the purposes of our discussion, we will be focusing on one particular group of Native Americans, who at one time roamed freely throughout the southwest -- the Navajo.

In order to understand the Navajo attitude toward disability it is necessary to know something about the Navajo culture, philosophy, and outlook

on life. The Navajos have a keen sense of their position in the natural order. It is their traditional belief that Nature is all-powerful and frought with hidden dangers, and that they can do nothing but submit to its inexorable will. (This belief has a strong basis in reality, for the life of the Navajo has traditionally been marked by severe physical hardship and bare subsistence.) This attitude is, of course, alien to the white man, who seeks to conquer nature through his ever-expanding technology.

Furthermore, unlike most whites, the Navajo does not recognize any kind of duality in man. For him there is no separation between body and spirit; people are neither good nor evil, but a combination of both; religion is not something separate from, but a vital part of day to day life. The Navajo does not place any great emphasis on an after-life; it is this life on earth that counts. And Navajo morality is not based on abstract concepts, but rooted in the reality of the given situation.

Given these attitudes, it is understandable that the Navajos are noted for their pragmatic, practical approach to life, and that health, strength and the ability to survive are greatly valued. (Conversely, death and illness are the Navajos' primary fears.) According to anthropologists Clyde Kluckhohn and Dorothea Leighton in their book The Navajo, health is important to the Navajo because, "If you aren't healthy you can't work; if you don't work you'll starve. Industry is enormously valued."

Much of Navajo religious ritual is devoted to healing and the promotion of physical well-being. The medicine man holds a position of prominence in the Navajo community.

The traditional Navajo has no concept of the physiological or psychological origins of illness or disability. For him all injury or disease is

supernatural in origin, and comes from sources outside the individual. The violation of a taboo, the attack of an offended ghost, and witchcraft are considered the most common causes of illness, injury and death. In the case of illness or injury the medicine man is called upon to ascertain the cause and then effect a cure via the appropriate ceremony, which often takes many days to complete. Because the Navajo looks upon the human being as an indivisible whole, these healing ceremonies are devoted to the cure of the whole person, rather than the individually afflicted parts of the body.

It is easy for whites to dismiss the Navajo "treatment" of physical ailments as primitive and worthless, and this was the general attitude of early white medical practitioners among the Navajo. But modern medical science has begun to recognize the genuine value of such treatment in the many cases of illness that are psychosomatic in origin. The beneficial qualities of many Navajo herbal medicines have also been recognized.

The Navajo's traditional attitudes regarding health have both helped and hindered his acceptance of modern medicine. His overriding desire for good health has made him responsive to the white man's help in this area, but his differing views as to the origins and cures of illness have kept him away from the white man's hospital. He has traditionally preferred treatment at the hands of the revered medicine man, looking upon hospitalization as a treatment of last resort. High death rates in government hospitals (attributable in part to the Navajo's delay in seeking treatment) have made the Navajo even more fearful, and further discouraged his use of these facilities.

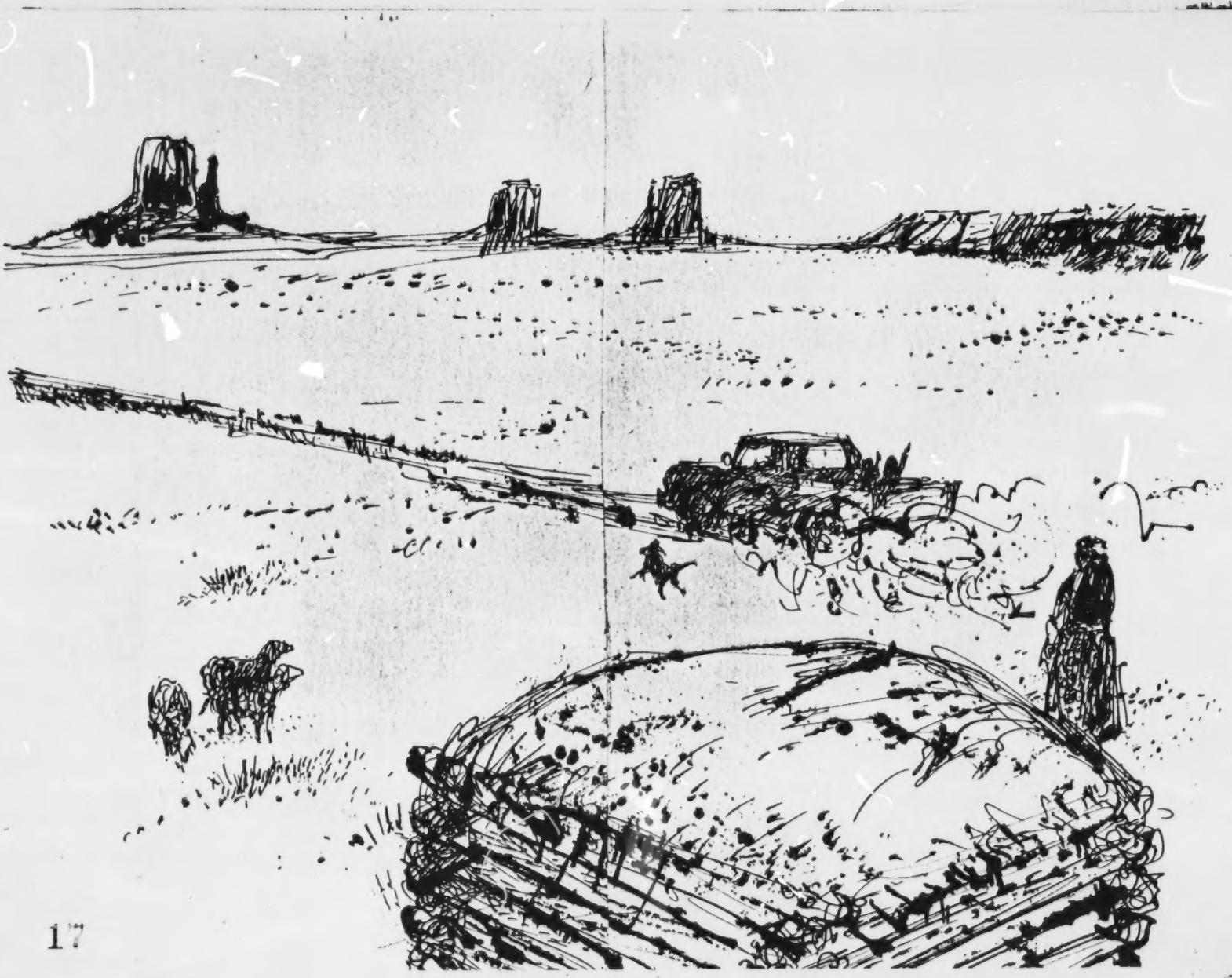
But, as noted earlier, the Navajos are a most practical people, and it is their pragmatism that has prevailed in the long run when

it comes to seeking proper health care. As they have become convinced of the efficacy of modern medicine, they have come to accept it with greater ease.

This kind of positive response to modern practices is characteristic of the Navajo, and extends to many areas other than medicine -- to education, technology and so on. Once something is proven beneficial to the Navajo, he wants it. This ability to adapt to new ideas and ways of doing things is not shared by all Native Americans. According to Kluckhohn and Leighton, " . . . the Navajos are distinguished among American Indians by the alacrity, if not the ease with which they have adjusted to the impact of white culture while still preserving the framework of their own cultural organization."

Unfortunately, for a variety of reasons, our government has not always been able or willing to supply the Navajo with the kinds of public services and facilities he has been encouraged to desire. It is safe to say that the quality of public health care delivery, education, and nearly all important public services on the reservation has historically lagged behind that of the rest of the nation by at least twenty years.

Thus, in many ways the problems confronting the parents of handicapped Navajos parallel those faced by the white middle-class parents who started organizing twenty years ago. Their primary goal -- equal access to public services for all Navajo handicapped so that they may become productive members of society -- is certainly the same. But because Navajos, and all Native Americans who live on or near reservations occupy a unique position in our society, the problems of their handicapped demand unique solutions.



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The Problem

The Handicapped Rights Movement

In order to better understand the problem under discussion, it would be a good idea to take a closer look at the similarities and differences between the present plight of the handicapped Native American and that of the disabled white middle-class American in the 1950's. There is much that those concerned with alleviating the difficulties of the handicapped Native American can learn from those who pioneered the field of handicapped rights. But because of the many ways in which life on the Indian reservation differs from the mainstream of American society, the Native American will have to adapt what he learns to his own special needs, and explore altogether new solutions to his unique situation.

First let us look at the similarities. The first parent organizers of a quarter century ago were faced with the problem of a lack of easily accessible public services. Their handicapped children could not attend the local public school, because there were no special education services, or support personnel available; the local hospital or medical center was unequipped to provide the special treatment the handicapped child needed; and local social service agencies were unwilling or unable to give parents the guidance they needed in finding acceptable alternatives (where they existed) for their children. The only alternative available for all but the very wealthy was to send the handicapped child to a residential boarding school or state hospital.

Unfortunately, these public "institutions" were few and far between, and parents often had to send their children hundreds of miles from their homes. In many cases conditions in the institutions were little better

than those in the asylums -- or "snakepits" as they were called -- of the nineteenth century. Overcrowding, understaffing and underfunding all combined to make life in many institutions intolerable. There was no real education provided at the residential school; no real treatment given in the state hospital. At best, institutionalized children were given custodial care; they were clothed and fed, and watched over so they wouldn't come to any harm. At worst, they were starved, forced to work for the institution's upkeep, and physically abused.

In the 1950's and 60's a growing sense of outrage at the unresponsiveness of public agencies to the plight of their children lead parents of the handicapped to seek legal solutions to their problems. They and their children had rights, just like any other citizens -- rights guaranteed by the Constitution -- and they were going to see that these rights were at long last recognized and protected.

In the past 20 years disabled rights advocates have won a series of landmark court decisions that have profoundly effected the lives of disabled Americans. These rulings have established important legal precedents that all those interested in the disabled -- including handicapped Native Americans -- should be aware of. Two of the most far-reaching rulings were:

Wyatt v Stickney - This was a class action suit brought in 1970 on behalf of all mentally ill and mentally retarded persons confined in institutions in Alabama. For the first time the constitutional right to treatment was upheld in a court of law. The presiding judge in this case, Frank M. Johnson, ruled that public institutions purporting to provide care and treatment for the handicapped had a responsibility to do so, and to do it in a humane

environment. He stated further that such institutions had to provide more than mere custodial care. It was their job to provide residents with the training and care necessary to lead "a meaningful life and to return to society." Furthermore, such care and treatment should be provided for in a location and setting as close to normal as possible.

Pennsylvania Association of Retarded Citizens v Commonwealth of Pennsylvania - This was a class action suit brought in federal court on behalf of fourteen retarded children denied a free public education. In its decree the court recognized the right of mentally retarded children to access to public education. Furthermore the court stipulated that no child's educational status could be changed without prior notice to his parents, who could then challenge that change in a formal hearing. (The 1972 class action suit, Mills v. Board of Education of District of Columbia, picked up where the PARC case left off. The court's decision extended the PARC ruling to cover all those who suffered from any kind of physical or emotional handicap.) In addition to strengthening their rights via court rulings parents and advocates for the disabled have been instrumental in the passage of a great deal of local, state and federal legislation beneficial to their cause. Major federal legislation pertinent to the cause includes:

Education for All Handicapped Children Act (PL 94-142) -
This law strengthened and broadened the coverage of previous legislation regarding education for the handicapped, and expanded the federal government's ideological and financial commitment to a disabled right to education. It requires each state to guarantee a "free appropriate public education" and an "individualized education program" to all its handicapped children ages three to eighteen by September 1, 1978, and to all handicapped children

from three to twenty-one by September 1, 1980. The act further stipulates that there shall be no unnecessary removal of children with disabilities from the normal school environment.

Rehabilitation Act of 1973 - This is perhaps the most important piece of disabled rights legislation passed to date. It is considered to be the disabled Bill of Rights. Section 504 of the act prohibits discrimination against the handicapped "under any program or activity receiving federal financial assistance." The ramifications of this piece of legislation are expected to touch every aspect of American life from education, to employment, to the construction of private housing as well as public buildings.

Developmentally Disabled Assistance and Bill of Rights Act of 1975 (PL 94-103) - This act addresses the problem of finding alternatives to the almost automatic practice of institutionalizing the disabled. It requires that each state design a plan "to eliminate inappropriate placement in institutions of persons with developmental disabilities, and to improve the quality of care and the state of surroundings of persons for whom institutional care is appropriate." In addition the act requires that treatment, services and habilitation for the developmentally disabled be geared toward developing their full potential. Under the law, each state must come up with an acceptable plan for carrying this out in order to qualify for federal grants for programs and projects designed to improve services for the disabled in the areas of housing, treatment, training, education, transportation, employment, counseling and recreation.

What Makes the Navajo Situation Unique

With all the legal precedents established in the field of disabled rights within the last twenty years, one might be tempted to conclude that the handicapped Native American should have little difficulty obtaining the services he needs. This conclusion would be erroneous because of the many profound differences that separate the average reservation Indian from the rest of American society. These differences have prevented the benefits of disabled rights litigation and legislation from reaching the disabled Native American.

The approximately ½ million Native Americans who reside in this country constitute an ethnic minority and they suffer from the same kinds of prejudices and problems facing other minorities, such as blacks and hispanics. These include poverty, high unemployment, substandard housing, lack of education, poor health and exclusion from the mainstream of American life. For the Indian living on an isolated reservation these problems are particularly acute.

One recent visitor described a typical Indian reservation in this manner:

> An Indian reservation can be characterized as an open-air slum. It has a feeling of emptiness and isolation. There are miles and miles of dirt or gravel roads without any signs of human life. The scattered Indian communities are made up of scores of tarpaper shacks or log cabins with one tiny window and a stove pipe sticking out of a roof that is weighted down with pieces of metal and automobile tires. These dwellings, each of them home for six or seven persons, often have no electricity or running water -- sometimes not even an outhouse.

It has been estimated that three-quarters of all housing on Indian reservations is substandard; half of it is beyond repair. The typical Navajo home, the hogan, consists of one windowless room of log and mud

construction with a dirt floor. It has no running water, adequate waste disposal, or plumbing of any sort. Navajos often have to carry water several miles, and half of them are forced to draw their water from potentially contaminated sources.

Less than 20% of Navajo homes have electricity. For heating and cooking the Navajo depends on an open fire or a make-shift stove constructed from a kerosene drum.

Over half the Navajo reservation is barren desert, and 15% of it is totally inaccessible. Traveling in Navajoland is a difficult and often perilous undertaking. Distances are not measured in miles, but according to the conditions of the roads to be traversed. There are few adequately paved roads. Snow in the winter, mud in the spring, and floods in the summer are common road blocks.

Despite the vast size of the Navajo reservation, it is, in fact, overpopulated. There are too many people to be supported in the traditional Navajo occupations, farming and sheepherding, by the land's rapidly dwindling resources. Consequently, unemployment on the Navajo reservation -- as is the case on all reservations -- is quite high. In 1970 only 40% of the Navajo reservation's labor force was employed, compared to 94% for the general population. In that same year, one-fifth of all reservation Indians received welfare payments. This was four times the proportion of the total population. Over 60% of reservation Navajos had incomes below the poverty level; and the mean annual income was between $700 and $900.

Another significant barrier that further alienates the Navajo from American society is language. "The pattern of Navajo thought and expression [is] totally unlike that of the European." The Navajo tongue, like the thought processes of the Navajo people, is much more specific and concrete than the more abstract and idiomatic English language. In addition it is

largely an oral language. No alphabet or written Navajo language existed until quite recently. These differences in thought and expression make communication between the Navajo and the American cultures difficult.

Perhaps the most significant factor contributing to the Navajo's alien status in our society is the unique relationship reservation Indians have with the United States government. The Navajo Nation is just that -- a separate national entity within the United States that is not subject to the laws of the states wher in its lands lie. The federal government alone is responsible for administering to the Indian reservation and establishing policy with regard to the Indians residing there.

In 1824, John C. Calhoun, Secretary of War, established an Indian Office within the War Department to oversee the administration of Indian lands. In 1832 the Congress created the position of Commissioner of Indian Affairs, and in 1834 it created a Department of Indian Affairs for the Commissioner to preside over. In 1849 the Department was transferred to the Jurisdiction of the Department of the Interior.

In the past, the Indian Affairs chief reported to an Assistant Secretary in the Interior Department and was left out of policy-making decisions concerning Indians. But in the fall of 1977, the top position in the Bureau of Indian Affairs was elevated to a full Assistant Secretary for Indian Affairs within the Department. The Bureau's administration of Indian Affairs has been the subject of great controversy and criticism since its establishment, and it is hoped that the New Assistant Secretary, Forest J. Gerard, himself a full-blooded Blackfoot from Montana (who now holds the highest public office assigned an Indian since Charles Curtis was elected vice-president in 1928) will be able to work in closer harmony with Indians in the promotion of their best interests.

In essence the BIA embodies the judicial, legislative and executive branches of state and federal government all rolled into one for the various reservations. The Bureau is supposed to protect and develop reservation resources and provide a full array of public services ranging from road building to education, while working with the tribes toward their eventual autonomy.

The Bureau's record of success has not been good. For evidence one need only look at current conditions on reservations, and the fact that most Indian tribes, including the most advance among them, such as the Navajo, are no where near achieving any kind of independence.

All these factors -- isolation, poor living conditions, abject poverty, massive unemployment, language barriers, poor federal administration -- are what make the plight of the Navajo, particularly the handicapped Navajo, unique. (The connection between environmental factors such as poverty and its correlates -- malnutrition, over-crowding, disease -- and disability is well known.) These factors prevent the Navajo parent from giving his handicapped child the special attention he needs. In a family where the father is unemployed, and there are several hungry mouths to feed, the special problems of the handicapped child necessarily have a very low priority. They just don't seem that immediate.

Under such adverse conditions, parents do not have the leisure to consider the plight of their handicapped children, or develop the political and legal sophistication needed to do anything about it. Most parents of handicapped children on the Navajo reservation are not even aware that there are any services available to their children, what procedures are involved in gaining access to them, or that they are entitled to receive these services by law. They have most likely never heard of Wyatt v. Stickney or the Developmental Disabilities Act. And there are those Navajo parents who are still unwilling

or unable to overcome the cultural barriers that prevent them from recognizing their handicapped child has a problem the medicine man cannot cure.

As a result, Navajo parents have not generally been as aggressive in demanding their rights as have their middle-class counterparts. It is only recently, as organizations such as the DARC have begun to educate parents of the handicapped regarding their rights on a large scale, that they have come to understand their position and seek equal opportunity and access to public services and facilities for their children.

Services and Facilities

In any discussion of the handicapped, the issue of access to public facilities and services must be of paramount interest. Inadequate education, treatment and rehabilitation facilities, lack of appropriate housing and so on are what keep the handicapped outside the mainstream of society.

These problems are much more acute for the handicapped Native American, who lives on a reservation where services and facilities for the general population are below standard. The needs of the handicapped under these circumstances have been given little, if any, attention. On the Navajo reservation, for example, there are virtually no public facilities or services specifically designed for the handicapped.

To better understand the current plight of the handicapped Native American it is necessary to be familiar with the history of the provision of needed public services to the reservation. Perhaps the two most basic services neeced by the handicapped, particularly the handicapped child, are education and health care.

Education

In 1946 the former Commissioner of Indian Affairs, John Collier, wrote the following in an introduction to the book American Indian Education by Evelyn C. Adams:

> Indian education is as old as Indian life. This means fifteen or twenty thousand years old in America. In the archaic primitive community, education was the supreme overriding social imperative. By education is here meant the forming, the releasing and the conditioning of the personality.
>
> . . . the social group as a whole was the school of every growing mind . . . The practical and the religious, the manual

> and the intellectual, the individual and the social were not innured from each other but flowed as one complex integrated function within the Indian group.

Mr. Collier placed particular emphasis on the integral part education plays in Native American life. For the Indian, education touches all aspects of personal development. It involves the total person and his relationship with his family, the community and the natural world.

This is quite different from the European approach to education which has been adopted in this country, and which stresses the development of the intellect at the expense of all other aspects of the individual's personality.

The white man's complete disregard for the wishes of the Native American in this matter, and his arrogant determination to force his alien approach to education on the Native American have been the cause of much conflict. As Mr. Collier wrote further on in his introduction, the whole thrust of early attempts by white Americans to educate the "backward" Indian was to "remake the Indian into a European personality." Such an approach could not help but fail.

The first European settlers came to the American southwest, the traditional home of the Navajo, in the seventeenth century. They were from Spain and they brought priests with them who established the first schools -- mission schools -- for the Navajo. Their holy purpose, as they saw it, was to civilize the savages through Christian education, and some thought this could be brought about through the eradication of the Navajo culture.

The Navajos successfully rebelled against the Spanish intruders, but the inevitable penetration of the white man's customs and culture had begun, and it was only a matter of time before the Navajos would be engulfed by the white invasion.

After nearly 200 years of conflict between whites and Navajos in the southwest, in 1868, an historic treaty was concluded between the Navajo Nation and the United States Government. In return for many promises made by the government, the Navajos agreed to end their attacks on white settlements and to settle peacefully on a reservation that encompassed much of their traditional tribal lands. One of the provisions of the treaty, which was standard in most Indian agreements of the day, had to do with education. Artical VI of the treaty reads as follows:

> In order to insure the civilization of the Indians entering into this treaty, the necessity of education is admitted, especially of such of them as may be settled on said agriculaural parts of this reservation, and they therefore pledge themselves to compel their children, make and female, between the ages of six and sixteen years to attend school; and it is hereby made the duty of the agent for said Indians to see that this stipulation is strictly complied with; and the United States agrees that, for every thirty children between said ages who can be induced or compelled to attend school, a house shall be provided, and a teacher competent to teach the elementary branches of our English Education shall be furnished, who will reside among said Indians, and faithfully discharge his or her duties as a teacher.

This Article which "was contained to illustrate the Great White Father's profound desire to provide for his ignorant red wards an opportunity to develop and progress" was never really lived up to by the United States Government, and it became a major source of discord between the Navajos and the government.

"Civilization" is the key concept in Article VI and the Indian peace policy fostered by Presidnet Grant and his successors. By "civilization" is meant here the extermination of Indian culture and the assimilation of the Indian into the now dominant white culture.

In 1887 Congress passed the Compulsory Indian Education law and "thereafter the Navajo educational system developed the aspects of a penal

system." It was thought that if the young Indian child was completely separated from his parents, and his culture, and indoctrinated into the white man's ways, he could then be absorbed into the mainstream of white society. In order to facilitate this policy the government established boarding schools away from the reservation and its influences where very young children were sent to be educated.

In 1882 a boarding school managed by missionaries was established at Fort Defiance in New Mexico. In 1890 another school was set up at Grand Junction, Colorado. These two schools were meant to serve the needs of all the Indians of the southwest. (At that time, however, it was not uncommon for a Navajo child to be sent as far away as California or Pennsylvania to be educated.)

Navajo children were often forced to attend these schools without parental consent. In some cases, Navajo parents who refused to send their children to boarding schools were arrested. (It would seem that Navajos were somehow considered exempt from the protection of the Constitutional right to due process.)

When they were at the peak of their popularity at the close of the nineteenth century, as many as 27 boarding schools were opened in one year (1885). In spite of mounting criticism against boarding schools (much of it coming from Navajos) at this time, they continued to be the dominant mode of Indian education until the 1930's.

These schools were infamous for their treatment of those they were supposedly designed to educate. Children were forbidden to speak their own language and a kind of military discipline prevailed. Ankle chains and solitary confinement were not uncommon forms of punishment. Children were housed in overcrowded barracks-like dormitories and made to engage in manual labor for the support of the school. (A parallel can be drawn to

many institutions for the mentally ill and disabled where such practices and conditions continue even today.)

In addition to the perpetration of these abuses, the policy of assimilation precluded any effort to prepare students for life on the reservation, although statistics show that at least 95% of the students who attended boarding schools returned to the reservation upon completion of their education. Commissioner Francis E. Leupp (1904-1909) was the first government official to openly attack the boarding schools, calling them "educational almshouses."

In 1928, the Brookings Institute undertook a study of Federal administration to the Indians. Its findings were presented in the Meriam Report (named for the director of the project, Lewis M. Meriam) which is considered a classic in the field of Indian Administration. The Report "exposed the outmoded teaching methods, primitive housing facilities for the students, staff cruelties toward the Indians, and the requirements that malnourished children work half a day in laundries, dairies and shops." The Report singled out the policy of assimilation through separation as inhumane and unworkable.

These and other disclosures regarding the government's poor administration of Indian affairs lead to the reorganization of the Indian Office. Some improvements were made in conditions at boarding schools, and impetus was given to the growing movement for the establishment of on-reservation day schools.

In spite of these improvements, however, in 1934, out of a school age population of 13,000 Indians, over 8,000 attended no school at all. And construction of day schools on the reservation, begun in 1935 with WPA funds was severely curtailed with the onset of World War II.

Gradually, however, federal educational services shifted to the reservation. The 1950's saw the resumption of construction of day schools. In addition, many students enrolled in state public schools located on the Navajo reservation. But because of the vast area encompassed by the reservation, the isolation of settlements and the general scarcity of educational facilities, many students were forced to board dormitories near the new schools during the week and were able to return home only on weekends. Many of these dormitories fostered the same conditions found in the off-reservation boarding school -- overcrowding, harsh discipline, etc.

Today, although Navajo school attendance has more than tripled since 1950, the quality of education offered on the reservation continues to lag behind the national standard. On July 8, 1970, President Nixon issued this statement:

> The first Americans -- the Indians -- are the most deprived and the most isolated minority group in our nation. On virtually every scale of measurement -- employment, income, education, health -- the condition of the Indian people ranks at the bottom . . . One of the saddest aspects in Indian life in the United States is the low quality of Indian education.

In 1972, although it was estimated that 52,647 out of a possible 57,144 Navajo children between the ages of five and eighteen were attending school, the median education level of the adult Navajo remained at a fifth grade level. This is opposed to the national median of twelve years. In addition, no other group was known at that time to have a median of less that eight years, and twenty-five other tribal groups had medians of ten years or more.

Why does the Navajo have such as astoundingly poor educational showing? The reasons are many. Among the more traditional reasons

given are: poverty (no money for books, etc.); cramped living conditions (no place to study); lack of electricity (no light to read by); low motivation (why bother to get an education if you won't be able to get a job when you are finished); no parental support (the parents need the wages older children can earn); and the Navajo's difficulty in learning English.

All of these factors contribute to what has been called the "progressive academic retardation" of the Navajo student. The language barrier is one of the most important contributors to academic failure among Navajos, because it effects the students entire progress throughout the white dominated school system.

According to 1974 Bureau of Indian Affairs figures, 70% of Navajo children entering school cannot function in English on a first grade level, yet they are expected to learn in a system where English predominates. No course in the Navajo language is offered in any of the BIA schools on the reservation, and formal bilingual education is almost unheard of. This situation persists in spite of the fact that it has been proven conclusively that there is a direct correlation between the Indian child's ability to score well on tests, such as the I.Q. test, "and his experience and familiarity with the language and values of the white culture." Those Indians who score well are usually those who come from families who speak English and have a "relatively high education level."

The Indian child who is not so fortunate is handicapped from the start of his education because:

> The relation between the written and spoken word often eludes [him] since he may have been brought up without any realization that oral sounds have counterparts in symbols on a piece of paper. He may have never seen books, magazines, musical scores, or written numbers before he entered a classroom. Under these conditions teaching him English is more complicated than teaching a French or German child who understands such relationships.

The problem is further compounded for the Navajo child, because of the vast differences between Navajo language and thought, and English expression.

All available evidence indicates that Native Americans have the same basic mental capacity as non-Indians irregardless of their showing on I.Q. tests. Such tests "reflect 'normal' exposure to books, English conversation, and even material gadgets, none of which are common to underprivileged homes, Indian or not . . . Hence academic tests cannot be considered absolute reflection of an Indian pupil's native intelligence."

In sum, the apparent prevalence of "mental retardation" among Indians, particularly Navajo, students is precipitated by socio-economic and cultural factors, rather than hereditary or physiological ones. The incidence of genetic retardation among Native Americans does not differ significantly from non-Indians. It is the rate of functional retardation, and learning disabilities that is inordinantly high.

Statistics show that the academic achievements of Indian students in the first few years of school appear to be on a par with non-Indians, but by the fourth grade this achievement begins to decline and continues to do so through high school.

Another major factor contributing to the poor educational showing of Navajos is the lack of an integrated school system on the reservation. A variety of schools and education programs exist side by side on the reservation, including the BIA school system (serving approximately 25,000 students), the public school districts found in the three states the reservation straddles (approximately 30,000 students), several privately -- primarily religiously affiliated -- operated schools (approximately 1,000 students). "Each educational program has its own hierarchical structure,

levels of responsibilities, lines of authority, rules, regulations, procedures and standards."

This diversity of educational services does not lend itself to the easy coordination of educational programs or the development of a uniform curriculum. The differing systems offer overlapping services on certain parts of the reservation; other areas go without needed services. (In 1972 the Navajo Nation established the Navajo Division of Education. Its ultimate goal is the establishment of uniform education standards for all schools on the reservation within a single education system to be regulated by the tribe itself. Until this goal is accomplished Navajo education will continue to suffer as a result of the chaos within the present reservation school system.)

It is the BIA school system on the Navajo reservation, however, that deserves the brunt of the blame for the poor educational showing of the Navajo. This is because the BIA school system has served the reservation longer than any of the other systems, it has the highest single enrollment of Navajo students, and has as its sole purpose the education of the Navajo. Furthermore, BIA expenditures on education per pupil have been considered high in recent years when measured against national standards. (Federal appropriations for Indian education average over $100 million per year. It should also be noted here that the BIA school system operated like a fifty-first state in that it comes under the direct jurisdiction of the federal government, it is independent of the various state systems, and receives no funding from the states in which its schools are located.)

In spite of these high appropriations, many federal schools fail to meet any recognized established standards for accreditation.

Why is the quality of education offered at BIA schools so poor? Why do they fail to meet the special needs of the Indian? One major reason is the BIA Division of Education's traditional unwillingness or inability to understand these special needs. It has throughout its history been committed to the promotion of standard American education among Indian populations without any consideration of its appropriateness.

In addition, poor coordination between the central BIA Education offices in Washington and the field has made it almost impossible to acquire the kind of information needed to make necessary changes. Adequate data on the quality of Indian education, curriculum, achievement and so on just does not exist. As one observer of the situation has written, "statistics that are sent from the field to Washington are adequate only for running the Department of Education not for evaluating the quality of education."

Other serious problems affecting the quality of BIA education services are the rapid turnover in teachers and the lack of adequate support personnel, such as psychologists, guidance counselors, and social workers. Turnover among BIA teachers is nearly double that of public schools and is especially acute in isolated areas such as the Navajo reservation. It is a result of the hiring of inexperienced teachers, dissatisfaction with non-competitive pay and vacation time, and inadequate orientation to reservation life, language, customs and living conditions.

The effects of the shortage of support personnel in BIA schools may be even more acute. Many Indian students develop psychological and behavior problems because of the difficulty they have adjusting to an

education system dominated by the values and practices of an alien culture. When these problems become so severe that they cannot be handled in the regular classroom (if a student becomes disruptive, for example) that child is ordinarily sent to an off-reservation boarding school. Between 1963 and 67, twenty-five percent of the students attending the Albuquerque Indian School were sent there because of emotional problems. Other students were there for a variety of reasons, including broken homes, retardation, etc.

In spite of the obvious need for support services, in 1968 the BIA employed only one psychologist for the entire BIA school system. Two social workers were also employed at that time. Although the number of guidance counselors is higher (173 in 1968) there still aren't enough to meet the need and most of the counselors have been used inefficiently. They have been forced by circumstances (severe personnel shortages) to perform the tasks of dormitory aides. In addition, many individuals employed as guidance counselors by the BIA lack the standard qualifications and training for the job.

The BIA school system has also failed to deliver adequate vocational education, remedial education and adult education services to the Native American in spite of the obvious need. (One would think that adult and remedial education would be a priority on the Navajo reservation where the majority of adults have not gone past the fifth grade, a majority of students drop out of school before they complete high school, and progressive academic retardation is widespread.) Vocational education is largely limited to the boarding schools where students who are social problems or severely retarded academically are sent. The few courses offered at the

other BIA schools are for the most part woefully outdated as regards equipment used and skills taught.

These are but a few of the major problems afflicting the BIA school system. The list of inadequacies seems almost endless. One wonders where Indian parents have been all these years that the government has been foisting an education system on their children that has done them more harm than good, that has been a part of the problem of Indian acculturation rather than the solution. The reasons for Indian's, particularly the Navajos', seeming abandonment of their children to the BIA school system are as complex as the problems that continue to plague that system.

In the first place, many Navajo parents today were victims of the early BIA boarding school system. They were so alienated by that experience that they want nothing more to do with the white man's education. They see nothing wrong with their children dropping out of a school system that did nothing for them. In fact, they would prefer to have their children take jobs and earn the money needed to support the family. Since Navajos as a people tend not be be future oriented, but to think more in terms of the fulfillment of immediate needs, they do not always see how a lack of education will only harm their children's earning power in the long run.

While in theory the BIA is supposed to act in accord with the will of the Navajo people in matters of education, this is not in fact what usually occurs. Although Navajos dominate local BIA "school boards" their role is merely an advisory one, and the ultimate power to make decisions involving hiring and firing, curriculum, etc. remains in the hands of the white dominated BIA. (Navajo parents have even less

to say about public education on the reservation. Even where Navajo students are in the majority, Navajo membership in local school boards is almost non-existant.) According to the 1975 United States Commission on Civil Rights Report, The Navajo Nation: An American Colony:

> While there may be more input from parents today, whatever progress has been made toward parental involvement has been slow. The BIA schools continue to be run by the BIA with a predominantly Anglo staff. The overwhelming majority of those who have decision-making authority -- school teachers and administrators -- are non-Indian.

The BIA school system (along with the other school systems on the Navajo reservation) has a tradition of ignoring, patronizing, intimidating and forcefully excluding Navajo parent participation in education. Navajo parents have been told that the job would be done for them, and made to feel like strangers in the white dominated, English speaking schools. Hence, Navajo parents have tended to abdicate their responsibility to school personnel.

Evidence shows, however, that Navajo parents are more than willing to participate in their children's education when they are made to feel welcome in the school and language presents no barrier. By 1973, four community controlled experimental "Demonstration Schools" (Borrego Pass, Ramah, Rock Point, Rough Rock) had been established on the reservation as a direct result of parental desire to have a say in their children's education.

Education Services and Facilities for the Handicapped

It is just this kind of newly awakened parental concern that has begun to draw attention to what is the single most neglected area of Indian education: special education services for the handicapped on the reservation. In an educational system where, as we have seen, poor quality is the norm, it should not be too difficult to imagine what priority the needs of the handicapped have. On-reservation BIA educational services for the handicapped are almost non-existant.

According to the United States Office of Education, in July of 1975, out of an estimated 19,500 handicapped children attending BIA schools only 4,500, or 23%, were receiving services. (The figure receiving services today is probably somewhat higher.) A recent General Accounting Office study, "Concerted Effort Needed to Improve Indian Education," found that the "BIA was not operating its own program for providing special education for handicapped Indian children, even though studies indicated that Indian children suffer from a higher-than-average incidence of hearing loss, vision difficulties and other handicaps." The GAO report stated furthermore that the BIA has no specific regulations concerning the education of the handicapped and that there is no line-item funding for special education programs in BIA schools. (The BIA educational system, which operates like a 51st state, is unlike the other fifty states in this regard. All of the other states have special appropriations for the education of the handicapped.)

This state of affairs is not entirely the fault of the BIA. The BIA Office of Indian Education Programs is still funded on the basis of one teacher for every 30 students. This hardly makes it possible to supply costly special education and support services to the reservation Indian.

Since 1964 the BIA has been studying the situation and formulating an extensive plan for the delivery of special education services to the Indian. Each year, beginning in 1972, the BIA has requested at least $12 million for the implementation of a comprehensive special education program. Its requests have been turned down every year by one federal agency or another. The BIA has been forced to rely on U.S. Office of Education "set-asides" and minimal temporary funding from other sources to finance its special education programs. In fiscal year 1977, the BIA received a total allocation of $970,000 for special education programs, while the GAO and the BIA have estimated it would take at least $19 million to carry out a comprehensive program of special education for the fiscal year 1978. So far, the BIA has been appropriated only $2 million for the fiscal year 1978 which has been designated by the BIA for further assessment of the education needs of handicapped Native Americans.

While the BIA, Congress and the various other government agencies involved in assigning appropriations haggle over the allocation of monies for special education services for Indians, the handicapped Indian child continues to be deprived of an appropriate education.

The current situation on the Navajo reservation is particularly acute. There are almost no publicly supported special education services on the reservation, even though the high incidence of a number of

handicapping conditions such as hearing and vision loss, speech problems and functional retardation would indicate a pressing need for such services. Severely retarded, physically disabled, and emotionally disturbed children have traditionally been placed in institutions and boarding schools off the reservation, far from home. Some have even been sent as far away as South Dakota.

This separation from all that is familiar in terms of language, culture and environment only increases the handicapped child's feelings of alienation and compounds the physiological or psychological problem that caused him to be sent to the boarding school in the first place. For the most part, parents are unable even to visit their children in boarding schools or institutions because of the prohibitive cost of traveling such great distances. Handicapped children, like all children, need the love and support of their families. Placing them in virtual isolation, in a situation they cannot understand has proven to be totally an unsatisfactory solution to the problem.

The primary off-reservation BIA borading schools serving the handicapped in the Navajo area are: Valley of the Sun School in Phoenix, Arizona; Arizona Training Program, Coolidge, Arizona; and Los Lunas Training Facility. These schools are all overcrowded and understaffed, and are equipped to handle only the most moderately disabled or retarded students.

There are also two nursing homes, one in Farmington and one in Gallup, New Mexico, that serve the more severely handicapped Navajo. These facilities are unable to provide much beyond custodial care. Children in these institutions do not receive the kind of training they need to make them independent and self-sufficient, and Navajo

children sent to such institutions are generally expected to spend the rest of their lives there.

Because of the growing concern about education among Navajo parents in general and parents of handicapped children in particular, this situation is gradually beginning to change. Parents of handicapped children have come to realize that they cannot always depend on the BIA to look after their best interests and that it is up to them to put pressure on the agencies that control the fate of their children if they want to see their lot improved. In 1975 the Diné Association for Retarded Citizens was founded on the Navajo reservation, with the support and encouragement of the National Association for Retarded Citizens, an advocacy organization for the retarded founded by parents in 1950. The NARC, a non-profit, voluntary, grass-roots organization emphasizing services and advocacy on a local level, has been assisting the DARC and other organizations in low-income areas to establish outreach programs through its Project Impact.

The primary goal of the DARC right now is the return of all developmentally disabled Navajos now housed in off-reservation facilities to the reservation and the development of facilities to serve them on the reservation.

The members of the DARC and other concerned parents of handicapped Navajos have their work cut out for them. According to the most recent BIA statistics, there were nearly 8,000 Navajo children who needed special education services in 1972. These included children with varying degrees of mental retardation (functional, mild, trainable, severe), a whole range of physical disabilities (vision impairment, hearing loss, cerebral palsy, epilepsy, etc.), emotional and behavioral disturbances, and learning disabilities.

Testimony presented at the First Inter-Tribal Symposium put the actual figure much higher. Out of a school age population of 60,000 Navajos, it was estimated that up to 30% needed some kind of special education services. This would put the number closer to 18,000. But these figures are only estimates. No one really knows just how many Navajo children are in need of special education services, and that is part of the problem. Federal and state agencies have not made an adequate effort to gather the necessary data in this area. What is known, however, is that there are not nearly enough on-reservation facilities to meet the need.

In order to redress this imbalance, and secure the handicapped Navajo's right to equal opportunity in education, the following must be provided:

1. A comprehensive education program that will provide all Navajo handicapped with a continum of free special educational and support services on the reservation and that will allow each individual to develop to his fullest potential. Such a comprehensive program should include:

a) early screening, testing, and evaluation to be continued regularly throughout the handicapped child's education in order to insure his proper educational placement, and to prevent the kind of mislabeling of handicapped students that has occurred in the past; accurate, non-discriminatory means must be used in testing and evaluation;

b) an increase in early childhood development programs such as infant stimulation, Head Start, Home Start, nursery school and kindergarten, that would bring about the early

identification and possible correction or amelioration of certain handicapping conditions; such programs could be especially helpful in providing Navajo children with an early introduction to the English language which is so essential to their later academic growth;

c) year-round remedial education for the academically retarded;

d) increased support services, such as resource rooms, and personnel, such as guidance counselors, psychologists, speech therapists, consultants for the hearing impaired and the vision impaired, and other special educators within the regular school system, to provide the handicapped student with the extra assistance he needs;

e) continuing education programs that will give all handicapped Navajos, no matter what their age, the opportunity to receive training and education;

f) vocational education programs for all handicapped Navajos who could benefit from them (and sheltered workshops on the reservation to provide work for those who complete vocational training);

g) individualized education programming, that would insure each handicapped Navajo an education suited to his needs.

2. An education in the least restrictive environment. This means that the handicapped child's education should take place in a setting as close to the norm as possible.

A handicapped child should be removed from the educational mainstream only if "the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." (P. L. 94-142, Section 612 (5) (A))

In the case of the homebound child unable to attend a regular school, training and education should be carried on at home with a qualified instructor.

Only those students whose condition is so severe, or whose parents cannot adequately care for them at home, should be placed in residential schools or small group homes on the reservation, where they would be provided with an appropriate education. Off-reservation placement should be phased-out entirely. (Parents should be encouraged to visit their children in residential facilities, and free transportation and accommodations should be provided for them. Children should also have the same opportunity to visit home whenever possible.)

3. A coordinated, concerted "outreach" program to locate and identify disabled persons who are not presently receiving educational or related services. They should be informed of their rights and the special programs available to them, and their needs should be given top priority.

4. The protection of the handicapped child's and parents' due process rights, in decisions concerning the educational status and

placement of the handicapped child. In the past, these rights have been ignored, and handicapped Navajos have been subjected to the whim of school personnel. Parents have the legal right to be informed of any proposed changes in their child's educational status and to request a fair hearing to oppose that change if they see fit.

5. The protection of the handicapped child's and parents' right to confidentiality regarding the child's educational status.

6. The encouragement of parental cooperation and active participation in educational planning for their handicapped children. The kind of dialogue between parent and educator this would foster could prove mutually helpful. Parents would learn how to better care for their children, and the educator would gain further insight into the needs of his handicapped student. In general, greater communication between the education system and the Navajo community is desirable and should be promoted.

7. Greater communication among the different public agencies serving the Navajo Nation and better coordination of their programs in order to improve service delivery. At present, the parent of a handicapped Navajo is faced with a confusing array of agencies and referrals that leave him criss-crossing the reservation in quest of assistance for his child. This kind of "bumping" of handicapped children and parents from one agency to another often ends up with no one taking final responsibility for the child. This time-consuming, frustrating and often futile bureaucratic nightmare should be replaced with a more accessible, flexible, and comprehensive system.

A few of the public schools and BIA schools located on the Navajo reservation do have some special education services for the handicapped, including resource rooms, support personnel and even some self-contained classrooms for the handicapped. But they serve, for the most part, primarily the slow-learner, and only a small fraction of the most mildly academically retarded and learning disabled. There are, at present, only a handful of private residential schools devoted solely to the education of the severely disabled on the Navajo reservation. They are:

St. Michael's Association for Special Education - Located near Window Rock, Arizona, St. Michael's is the oldest special education school on the reservation. It serves approximately 120 disabled children, with approximately half on a day basis and half boarding. It offers pre-school, academic and pre-vocational training. One group home has been established that serves six children and several others are being planned. St. Michael's also runs one of the few infant stimulation programs on the reservation. St. Michael's is funded by the BIA, the Office of Navajo Economic Opportunity and the Arizona Department of Education.

Chinle Valley School - Located at the heart of the reservation in Chinle, Arizona, the school serves approximately 40 mentally handicapped children ranging in age from five to eighteen. It offers physical therapy, training in life skills, academic and pre-vocational training. The school contains one community residence for teen-agers, with another one about to open.

Navajo Children's Rehabilitation Center - NCRC is one of the oldest centers of this type on the Navajo reservation. It is located in Coyote Canyon, New Mexico. It serves from 15 to 20 mentally disabled students and its program is similar to that offered at the Chinle Valley School.

A School for Me, Inc. - Founded in 1976, ASMI is located on the campus of the Chuska Boarding School in Tohatchi, New Mexico. This private, non-profit facility cares for severely disabled and disturbed students. In 1977 ASMI served up to 76 students ranging in ages from one to twenty-five. Students with conditions such as blindness, deafness, seizure disorders, autism, functional retardation, multiple handicaps and language problems are served by a variety of programs including infant stimulation, life-skills training, pre-academic, academic and vocational education. In addition, ASMI operates the only sheltered workshop on the reservation.

It appears that a lack of funds is at the root of most of the difficulties in bringing special educational services to the Navajo. As mentioned earlier, the BIA has no line-item in its budget for special education. Federal legislation does exist, however, mandating appropriations in the area Indian education and special education. Unfortunately, these funds have often been misappropriated by the state governments they have been channeled through and have not always reached those for whom they were intended.

In addition, this kind of funding is usually temporary (it must be reapplied for every year) and can be cut off at any time. This does not provide the kind of stable long-term monetary commitment needed for the development and maintenance of a sound education program for the handicapped.

It is essential that Navajos, and all Native Americans become aware of what laws protect rights in this area, what funds are available to them, and that they demand more of a voice in how these funds are used. Key legislation affecting funding of special education for Native Americans include:

The Johnson-O'Malley Act of 1934 - Funds appropriated under this act have been used primarily by the BIA to finance the education of Indian students in various public school systems. In effect, the federal government has used Johnson-O'Malley as a means of subsidizing the states for their loss of tax revenues from untaxable reservation lands. This money is supposed to be earmarked by the states for special programs for Indian education, but this has not always been the case. The states, taking advantage of the vague proscriptions of the act, and lack of federal monitoring of the funding flow, have often used the money for general operating costs within their educational systems rather than the development of specific Indian education programs. New regulations established in 1971 are supposed to bring this funding under closer scrutiny. Funds appropriated under Johnson-O'Malley could be applied to special education programs for Navajos in public schools on the reservation.

Elementary and Secondary Education Act of 1965 - The purpose of Title I of this act is to supply federal aid to educationally deprived children in economically depressed areas. The act provides grants to states, territories and the BIA to raise the level of education for children from low-income families. "The focus is on helping children whose educational achievement is below normal; including those with physical, mental, or emotional handicaps." Grants under the act are to be made to schools to provide supplemental education services to students whose families incomes are below the poverty level. These services would include remedial instruction, guidance counseling, other health and welfare services, and special equipment.

Most schools on or near the Navajo reservation qualify for Title I funding and have been receiving it since its introduction. However, as is the case with Johnson-O'Malley, monitoring of spending has been spotty and abuses have been widespread. Monies have been used to benefit the general school population rather than the Navajo children Title I was intended to benefit.

Adult Education Act - (Title III of the Elementary and Secondary Amendments of 1966, PL 89-750) The purpose of this act was to expand educational opportunity and encourage the establishment of adult public education programs. Section 314 provides grants to the states for the development of Indian adult education programs.

Indian Education Act of 1972 - (PL 92-318) Title IV of the Education Amendments of 1972, the Indian Education Act is supposed to end abuses of Johnson-O'Malley and Elementary and Secondary Education Act funding, by requiring the participation of Indians in the planning, operation and evaluation of education programs geared to answer the special needs of Indian child and adult public education. It specifically earmarks monies for use in special Indian education programs as opposed to general operational costs. The act also established the National Advisory Council on Indian Education.

Impact Aid Act - (PL 81-874) Enacted in September of 1950, this act was designed to provide funds for public school systems in compensation for loss of property tax support near federal installations. In 1974 Congress amended the act to increase the

entitlement for handicapped children. According to the Department of Health, Education and Welfare regulations, in order for a district to obtain a higher allotment for a handicapped child, the child must have a father in the uniformed services. In response to a class action suit brought by three Arizona school districts on the Navajo reservation, the U. S. District Court for the District of Columbia ruled that the Congress intended the special entitlements provided under the act apply to all Indian children, not only those with a parent in the military. Therefore, public schools on the Navajo reservation are entitled to receive funds under this act for each handicapped Navajo child they serve.

The Native American Programs Act of 1974 - (Title VIII of the Headstart Economic Opportunity and Community Partnership Act of 1974, PL 93-644) The purpose of this act is to extend the programs established under the Economic Opportunity Act of 1964 (PL 88-452) including Headstart programs for children. The act authorizes the Secretary of HEW to provide financial assistance to such community sponsored programs among Native Americans. (It is a long held myth that public school districts on Indian reservations are under extreme hardship because they are not able to tax Indian property, property taxes being the tratitional means of supporting local schools. In fact, the contrary is true. Local school districts actually benefit because of federal legislation, outlined above, that guarantees compensatory funding. It is the Indian student, particularly the handicapped student, who is the real loser, however, when local school districts fail to use these funds in the manner in which they were

intended, i.e. for special Indian programs. It is hoped that with increased Indian participation in educational planning on a local level, as mandated by Congress, and the closer monitoring of the allocation of federal monies, that this kind of abuse will soon be ended.)

The Education of All Handicapped Children Act of 1975 - (PL 94-142) This act makes receipt of federal funding of the states for education programs for the handicapped contingent on the creation of acceptable state plans for educating all eligible handicapped children between the ages of three to eighteen by September, 1978. The act recognizes the unique status of Indian handicapped and specifies that money shall be allocated to the Department of the Interior for disbursement among its schools on the same basis as the states. The Senate Report (No. 94-168) written in conjunction with the act makes it perfectly clear that Indian handicapped children served by BIA schools are entitled to the same rights as children attending public schools:

> It is the intent of the Committee that all requirements applied to state and local education agencies respecting eligibility and application shall apply to the Department of the Interior and that all benefits and protections provided for handicapped children served in state and local agencies shall also be provided to handicapped children served by the Department of the Interior.

Indian Self-Determination and Educational Assistance Act of 1975 - (PL 93-638) The purpose of this act is to promote the full participation of Native Americans in their own government and education, and all other programs and services now provided by the federal government. The act pledges the federal government to a

policy of providing the Indian with the kinds of educational services and opportunities which will permit them to achieve ultimate self-determination. To reach this goal the act calls for the allocation of federal funds to support the construction, maintenance, and improvement of educational facilities serving Native Americans. In formulating the act, Congress recognized that the federal government's domination of Indian education has retarded the progress of the Indian people, and that Indians have the right to control their own affairs, especially their own educational programs and activities.

This last act may be the most important in terms of Navajo education in general and special education services for the handicapped Navajo in particular. It supports the Navajo's desire to control their own education system as expressed in the creation of the Navajo Division of Education with its goal of one, unified, tribally controlled education system on the reservation. It is hoped that when the Division of Education realizes its goals the quality of education for all Navajo children will improve.

In 1973, in recognition of the special needs of the handicapped child, the Navajo Division of Education established an Office of Special Education. According to a position paper prepared by the OSE: "The education of all Navajo children with special needs will become, for the first time, the direct result of actions taken by the Navajo tribe in pursuance of being self-determining." The immediate goals outlined by the OSE are:

-- "the coordination and monitoring of existing services for the Navajo Nation special education students;

-- the initiation of planning, research and program development of special education needs;

-- the development of special education standards and guidelines for appropriate programs, personnel and institutions throughout the Navajo Nation."

The OSE plans to achieve these goals by:

-- overseeing the proper implementation of federal, state and tribal regulations regarding special educational placement and programming;

-- promoting parental awareness and involvement in the provision of appropriate services to the handicapped;

-- ensuring all handicapped Navajos receive adequate educational, diagnostic, and support services needed for the achievement of their full potential;

-- working in conjunction with federal, state and local agencies in the planning and development of needed programs and services;

-- developing a comprehensive Navajo Nation special education plan.

It will be many years before the Navajo Division of Education and its OSE achieve their goals and begin to act as a fully autonomous and effective agency. In the meantime, the Navajo Nation must continue to rely on federal, state and local support and administration of its educational system. As we have seen, the government has a long tradition of failure in providing adequate educational services to the Native American, and the special educational needs of the handicapped have been almost completely overlooked. It is time for the American nation to accept its responsibility to the handicapped Native American and see to it

that he has the same education opportunities guaranteed all its citizens under the law.

Health Care

As mentioned earlier, the Navajo places a high value on physical health and strength. Although his traditional views on the causes and cures for illness and disability do not always coincide with those of modern medicine, the Navajo has shown a great willingness to accept its doctrines once they have been proven effective.

The extremely poor living conditions on the Navajo reservation (inadequate sanitary facilities, substandard, overcrowded housing, poor nutrition, contaminated water, etc.) make the Navajo particularly needful of modern health care. Unfortunately, due to the poor quality of public health care services and their delivery on the reservation, the pragmatic Navajo has not been given much reason to trust the white man's medicine. A lack of understanding of when, how and where to obtain essential medical services, and the inaccessibility of most of these services, compounds the problem. In short, preserving and promoting the good health of the Navajo has been an uphill battle, with relatively little ground gained over the years.

Since the earliest days of our nation, when army physicians treated various tribes, the federal government has been providing medical services to the Native American. In 1832 the Congress made its first appropriation for Indian health in the amount of $12,000. Thereafter, the federal government began making provisions for health services in treaties with various tribes. (The Navajo treaty of 1868 does not contain such a provision.) In 1873 a Medical Division was established within the Indian Office,

and by 1880 it was operating four hospitals and it employed 75 doctors.

Over the years health care for Indians increased and improved, but it was always hampered by low Congressional appropriations and a lack of real understanding of the problems of Indian health.

One striking example of this lack of understanding was the so-called Southwest Trachoma Campaign launched in 1924 for the purpose of eradicating trachoma, a contagious viral disease of the eye prevalent among Indians of the southwest. The "treatment" for trachoma in vogue at the time consisted of surgical removal of part of the upper eyelid, the tarsus, that contained the cysts characteristic of the disease. The effectiveness of this delicate and dangerous procedure called tarsectomy was unproven at the time, yet thousands of operations were performed, many on people who didn't even have the disease, and by physicians who had not been adequately trained in the technique. The whole campaign was irresponsible, and it was a complete failure.

World War I greatly diminished the Bureau's doctor supply, but poor facilities, equipment, living conditions, and salaries probably did more to discourage competent health practitioners from entering the field.

Two documents that were published in the 1920's drew wide attention to the problems of Indian health. A 1926 Red Cross Survey cited the appalling health conditions prevalent among Indian children attending boarding schools. It found high incidences of tuberculosis, trachoma, malnutrition and physical disabilities. The Meriam Report of 1928 criticized the Bureau for its emphasis on cure rather than prevention in its Indian

health program.

In 1926 the Bureau began to share its responsibility for Indian health with the U. S. Public Health Service, and a program of health education was promoted among Native Americans. In 1955 the Public Health Service took over Indian health care entirely, and responsibility now rests with the Division of Indian Health, Public Health Service, Department of Health, Education, and Welfare.

This shift in Indian health care management brought about a rapid expansion of services and a great improvement in the health of Indians. "A marked reduction in infant mortality and in deaths from infectious diseases," such as tuberculosis, gastritis, enteritis, influenza and pneumonia, "is one of the more important accomplishments since 1955." However, "while reductions in mortality rates from infectious deseases has been significant, the incidence of infectious diseases has not declined notably." Death and infant mortality rates among Indians remain higher than those of the general population. In 1970 the Navajo's infant mortality rate was double that of the United States, and average life expectancy was estimated at 63.2 years, seven years less than the general United States population.

This remains the case in spite of the fact that most Indians living on reservations today are entitled to free comprehensive medical care. Obviously there is something lacking in the quality and delivery of health care to the Indian. "The most difficult problem before the United States Public Health Service today in the practice of medicine among indigent people is bridging the gap between the hospital and the ill patient in the rural outpost -- either getting doctors into the country or Indians into medical institutions. The basic problem among Indians is the compound problem of poverty and

ignorance and that among members of the medical profession is their reluctance to practice medicine away from well-equipped hospitals."

In spite of the increases in personnel and the improvement and construction of facilities that have taken place since 1955, health care services for the Indian still lag far behind the national standard. Out of the 51 Indian Health Service hospitals serving Native Americans in 1976 only 24 were accredited and only 31 met national fire and safety standards. In 1970 in the six hospitals serving the Navajo area -- at Ft. Defiance, Shiprock, Crownpoint, Ft. Wingate, Winslow and Tupa City -- there was a staff-to-patient ratio of 1.6 to 1 as opposed to the accepted national standard of 2.8 to 1. (Many hospitals in the United States have ratios as high as 3 to 1.) This situation is due in part to increased Navajo attendance at IHS hospitals. The IHS has been able to convince the Navajos of the value of modern medicine, but it has failed to keep up with the increased demand for services this has created.

Staff shortages and turnover plague the IHS for many of the same reasons they plague the BIA school system -- isolation, non-competitive salaries, inadequate housing, poor facilities and so on. The use of more Indian personnel might alleviate this problem but, although it is the policy of the IHS to train and employ Indian personnel, most serve in non-professional positions.

In addition to personnel shortages, there are acute shortages of laboratory and technical equipment.

Such understaffing, underfunding, and underequipping of IHS hospitals results in a health care system that is not only inadequate,

but also unsafe. The hospital located in Shiprock, in the Navajo area, is a case in point. A study in 1960 found that the hospital needed 90 nurses to operate efficiently. (A 1969 survey found a total deficit of 273 nurses in all Navajo area hospitals.) As late as 1974 there were only 56 nurses employed at Shiprock. At least three babies have been known to have died at the hospital as a result of inadequate monitoring due to the shortage of nursing personnel. It is a common practice at Shiprock to prop up bottles in babies mouths at feeding time and then leave them unattended. If a baby accidentally inhales the milk, death can result. (One can only guess at the numbers of children and adults who manage to survive their hospital stays, but are permanently disabled as a result of such gross neglect.) Is it any wonder many Indians stay away from the hospital? They are quite justifiably afraid they won't come out alive.

Health Care and the Handicapped

The American Indian suffers from an inordinantly high incidence of a number of disabling conditions, many of which are caused or exacerbated by environmental conditions. As one handicapped Native American testified from his own experience at the Inter-Tribal Symposium:

> . . . when you are poor, and you don't have running water, and you don't have heat, and you don't have money to pay for an operation, and you don't have money to pay for all the necessary nutritional ingredients that a child needs at birth -- you cannot even buy the milk to feed him on -- that child grows up with all kinds of multiple handicaps.

Although data on the prevalence of disabling conditions among Native Americans is sketchy, a number of isolated studies have come

up with some startling figures. "While exact figures for all tribes are not available, IHS and others indicate that 37% of young Indian children enter school with hearing defects; 25% with speech, visional, emotional and other impairments."

In 1970 the University of Tulsa tested 2,030 BIA school students and found that 76% had some kind of vision, hearing or speech problem. Another study conducted that same year by Utah State University involving 2,000 Inter-mountain Indian School students found that 53% had visual defects that could not be helped with corrective lenses. Of 308 students who had their hearing tested, 32% had significant hearing losses. (Today, Otitis Media, an inflammation of the middle ear that can cause hearing impairment, is the number one reported disease among Indians. An IHS survey in 1974 gave the prevalence rate at 10.5% for Indians of all ages. Yet in 1976, 98% of Indian hearing aid requirements went unmet.)

In addition to high levels of physical disability, there is evidence that emotional problems are prevalent on many reservations, especially among adolescents, particularly those who attend boarding schools. In many cases, children are sent to boarding schools off-reservation because of their emotional problems. But, for reasons discussed in the previous section, children sent to boarding schools are rarely "cured" of their disturbances. In fact, placement in a boarding school only seems to worsen the problem. A survey taken at the Phoenix Indian School, a typical off-reservation boarding school serving from 16 different tribes, during the year 1967-68 revealed that

among 1,000 students in residence:

270 were from broken homes
105 were from homes where drinking was a major problem
60 had excessive drinking problems
16 had moderate to severe "gas sniffing" problems (149 said they had sniffed glue)
109 were lacking in "social adjustment"
168 had been expelled from other schools
97 were referred to other agencies for psychiatric services during the year of the survey
40 were treated for self-inflicted wounds and overdoses of medication.

There is also a high incidence of suicide on some reservations, and alcoholism is widespread among Indians. On some reservations, 90% of all criminal arrests are alcohol related. However, few Indian hospitals have alcoholism treatment programs, and alcoholism is usually treated as a crime rather than a disease on the reservation.

The Navajo reservation is no exception when it comes to the prevalence of handicapping conditions. There is evidence that the incidence of certain disabling conditions there is not only higher than the national average, but high in comparison to other Indian groups. A 1967 study of 3,318 Navajo students in boarding schools on the reservation found that the prevalence of chronic Otitis Media was 7%, which is about 15 times greater than that of the general population.

In 1974 the Navajo Tribe, after analyzing data collected by public health and social service agencies, estimated that the prevalence of speech, hearing and vision problems could run as high as 40% of the total Navajo population.

Some of the immediate causes for such high rates of disability on the Navajo reservation are: a high rate of alcoholism and heavy drinking among pregnant mothers; inadequate prenatal care; poor nutrition; prevalence of diseases affecting unborn children and a high birth rate among women over 35. (The last is partially attributable to an apparent delayed menopause among many Navajo women, which lengthens the child-bearing years and increases the possibility of pregnancy in later life.) All these factors substantially increase the risk of a Navajo child being born or becoming physically disabled.

The Indian Health Service also reports a high incidence of Navajo children between the ages of one and five who contract diseases, such as meningitis, which produce high fevers, that often lead to brain damage. Approximately 200 infants are admitted to Public Health Service facilities with such diseases each year. There is no way of knowing how many more cases go undetected until permanent damage is done.

Other infectious diseases that are well under control in the general population are widespread on the Navajo reservation. In 1970, according to the USPHS, there were 270 cases of tuberculosis per 100,000 on the Navajo reservation, while there were only 19 per 100,000 in the general U.S. population; there were 90 cases of rheumatic fever as opposed to 1.6 in the general population and 1,120 cases of hepatitis versus 223.

At present there are eight IHS service units located on or near the Navajo reservation. Five have hospitals, two have health centers, and one has an Indian medical center. "In 1970, the Navajo

area Indian Health Advisory Board was formally established by the Tribe, and through it the Tribal Council continues to press for improved health services and facilities on the reservation. Despite their joint efforts, however, the health of the Navajo is comparable to that of the general population of the United States 20 to 25 years ago."

Clearly the federal government is not fulfilling its obligation to the reservation Navajo in its delivery of health care and related services. The handicapped Navajo is particularly vulnerable, because there are no publicly sponsored rehabilitative or mental health care services to speak of located on the Navajo reservation. The handicapped Navajo must often travel great distances to receive the special treatment he needs, and is often forced to dwell off the reservation.

In order to bring Navajo health and health care up to a par with the rest of the nation, the following must be provided:

1. A continuum of free modern comprehensive medical services accessible to Navajos of all ages on the reservation.

2. Early childhood screening, diagnosis and intervention so that disabling disorders can be discovered and their effects corrected or ameliorated. Since the highest percentage of deaths among Navajos occurs among infants and children, and the majority of illnesses that lead to disabling conditions also occurs among children (microbial infections, etc.), the need for improved health care for Navajo children cannot be stressed too much.

3. Continued monitoring of health through regular physical examinations throughout life, and the provision of appropriate treatment, therapy and rehabilitative services where indicated. (At present there are no rehabilitation facilities for the handicapped on the Navajo reservation.)

4. An ongoing program of preventive health care and public health education. The best way to halt the progress of disease and disabling disorders is to prevent them from occuring altogether; the best way to achieve that goal is to inform people about good health practices, and let them know when and where to seek medical assistance. Such a program should include:

a) prenatal care by qualified medical personnel; this would entail: the provision of an adequate diet for the mother; monitoring of her health in order to uncover and treat unsuspected diseases that might effect the fetus; monitoring of the fetus via modern in utero assessment techniques;

b) guidance in planning pregnancies, particularly for mothers over 35;

c) proper nutrition for the nursing mother and the infant;

d) fostering of hospital deliveries, particularly in cases where difficulty is anticipated, in order to prevent birth injuries;

e) prompt intensive care for children born ill or prematurely;

f) immunization of expectant mothers and infants against diseases, such as Rubella, known to cause birth defects or early childhood disabilities;

g) instruction of parents in modern child care and hygenic techniques, and how to identify physical problems in their child; (some IHS hospitals have prenatal classes and clinics for instruction in child care, but they do not reach nearly all those who could benefit from them);

h) a program of instruction for parents of handicapped children, that would acquaint them with their child's special physical needs, and teach them how to care for them.

5. An outreach health care program that would seek out those disabled or diseased Navajos in remote areas, far from hospitals and adequate medical treatment, in order to provide them with the services they need. If they can't or won't seek medical treatment, it should be brought to them.

6. A comprehensive Mental Health Care Program on the reservation. At present there are no mental health care facilities on the Navajo reservation. Emotionally disturbed or mentally ill children and adults have to be sent off the reservation to receive treatment. The Indian Health Service employs a few psychologists, psychiatrists and counselors, but not nearly enough to meet the present need.

7. An alcoholism treatment and counseling program. At present no such program exists on the Navajo reservation in spite of the obvious need.

8. Centralization and coordination of the health care delivery system on the reservation. Navajo parents should be able to obtain medical services and evaluation for their children at one stop. They should not be forced to travel back and forth across the reservation in search of complete health care, or be forced to wait long periods before they can see a physician.

The improvement and expansion of the presently inadequate IHS diagnostic services and clinic facilities, and an increase of medical personnel would make health care more accessible to the reservation Navajo. Increased cooperation between local, state, federal and private facilities would also contribute to the alleviation of the problem. This kind of cooperation is essential for those Navajos in need of treatment by specialists the IHS is unable to employ.

9. More awareness and understanding on the part of the IHS and its personnel of the unique problems of Navajo health, such as the Navajo's reluctance to be hospitalized, his difficulty in obtaining adequate nutrition, sanitation, etc.

10. Free transportation for all Navajos to health centers, including free ambulance service.

11. Most importantly for the achievement of a decent standard of health on the reservation, general living conditions must be improved. Poverty and disease go hand in hand, and until the standard of living on the Navajo reservation is improved, disease and handicapped can never be adequately controlled.

At the root of inadequate health care delivery on the Navajo reservation lies insufficient funding. Federal appropriations for Navajo area clinics, hospital space, staff etc. are based on population figures, and these are the source of much controversy. The results of independent census surveys differ with the U.S. Bureau of census figures for the Navajo area. The independent surveys put the actual population considerably higher than the Bureau's does. Furthermore, health care and treatment for the disabled is necessarily quite costly and budgeting for it cannot be based on estimates of cost of health care for the general Navajo population. In addition, funds that are available are not always earmarked in the most efficient way. For example, there seems to be an abundance of federal funds for training Navajo health care personnel, but not enough to provide employment for them when their training is completed.

Federal legislation designed to alleviate some of the problems in this area includes:

Maternal and Child Health and Mental Retardation Planning Amendments of 1963 - (PL 88-165) This act deals with the prevention and amelioration of the effects of mental retardation. It increased funding for Maternal and child health services and provided grants for maternity and infant care for mothers unlikely to receive such care.

Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 - (PL 88-164) This act provides for the expansion of existing mental retardation programs and the creation of new ones. It established grants to states to assist in the construction of public and non-profit facilities providing diagnostic

services, treatment, education, training, custodial care services and sheltered workshops for the mentally retarded.

Indian Self-Determination and Educational Assistance Act of 1975 - (PL 93-638) Section 104 (b) of this act states:

> The secretary of Health Education and Welfare may . . . make grants to any Indian tribe or tribal organization for the development, construction, operation, provision, or maintenance of adequate health facilities or services including the training of personnel for work from funds appropriated to the Indian Health Service for Indian health services or Indian health facilities.

Indian Health Care Improvement Act of 1976 - (PL 94-437) Recognizing the federal government's failure to meet the health needs of the Indian people, Congress declared in this act that it is the "policy of this nation" to provide "the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy."

Title I of this act provides grants for training of Indian health personnel.

Title II authorizes appropriations for improved health care services, specifically in the areas of patient care, field health, dental care, community and in-patient mental health services, therapeutic and residential treatment centers, treatment and control of alcoholism, maintenance and repair of facilities and the training of traditional Indian practitioners in mental health.

Title III provides monies for the construction and renovation of hospitals, health centers, health stations, staff housing and

other facilities of the IHS. It also calls for prior consultation "with any Indian tribe to be significantly affected by any such expenditure for the purpose of determining and, wherever practicable, honoring tribal preferences concerning the size,location, type, and other characteristics of any facility on which such expenditure is to be made." Furthermore, such facilities where applicable "shall meet the standards of the Joint Committee on Accreditation of Hospitals."

(Aside from funding provided under federal legislation, money now being spent to care for disabled Navajos in off-reservation facilities could be freed for use in the establishment and support of needed on-reservation facilities.)

Clearly the federal government and the IHS have failed to meet the health needs of the Navajo, particularly the handicapped Navajo. There has never been a serious commitment to the eradication of disease, and the amelioration of handicapping conditions on the Navajo reservation. Until the government accepts its responsibility in this area, Navajo health and health care will continue to lag far behind the rest of the anation.

Housing and Employment

Two other important elements in the lives of handicapped Native Americans are housing and employment. On the Navajo reservation, where most housing is substandard and unemployment is close to 60%, the situation of the handicapped with regards to adequate housing and employment is particularly acute. Their needs must compete with those of the general Navajo population.

As mentioned earlier, most handicapped Navajos who are not hidden at home are sent off-reservation to boarding schools and institutions, a situation which is most unsatisfactory. The only acceptable solution to the problem seems to be the resettlement of handicapped Navajos now housed off-reservation in facilities on the reservation. This is the goal of the Navajo Deinstitutionalization Project, established in 1976 by a grant from the Department of Health, Education and Welfare.

But before handicapped Navajos can be resettled on the reservation, alternative housing has to be found or created for them. The few private facilities already located on the reservation are not equipped to handle a large influx of new residents. (There are two group homes currently serving the developmentally disabled on the reservation, in addition to the residential facilities for children located at St. Michael's School, Chinle Valley, A School for Me, Inc. and the Navajo Children's Rehabilitation Center.)

It is generally agreed by most professionals in the field that the small group residence is preferable to the large institution for housing the handicapped. This would also seem to be the ideal solution for housing the handicapped on the Navajo reservation. The problem lies in finding funds for the creation of new facilities and the expansion and maintenance of those that already exist. The BIA has been able to supply some monies for general operational costs for residential services, but needed "start-up" funding to cover construction, initial staffing, and

equipment purchase has proven more difficult to come by.

Minimal financial assistance is also made available by the Housing and Community Development Act of 1977 (PL 95-128). This act continues the HUD policy of making loans available to public agencies wanting to provide housing and facilities for the elderly and the handicapped. It also authorized HUD to insure any mortgage for housing consisting of eight or more living units when at least half are specifically designed for use and occupation by the elderly or handicapped.

In addition, the act created the position of Special Assistant for Indian and Alaskan Native Programs within HUD. The special assistant is responsible for coordination and overseeing all programs relating to Indian and Alaskan Native housing and community development.

Clearly, housing for handicapped Native Americans must be given a higher priority by the federal government.

Finding employment is equally difficult for the handicapped Native American. Vocational training on the Navajo reservation is limited and often inappropriate (see section on education) and finding jobs on the reservation for those who have successfully completed such training is next to impossible. At present, there is only one sheltered workshop on the Navajo reservation located at A School for Me, Inc.

In July of 1975, the Navajo Vocational Rehabilitation Project was established with a grant from the Arizona Department of Economic

Security/Rehabilitation Services Bureau for the purpose of developing a comprehensive vocational rehabilitation services plan for the Navajo reservation and expanding and creating employment and training opportunities for severely handicapped Navajos. One of the first things on the Project's agenda was the establishment of The Toyei Opportunity Center and Sheltered Industries (TOCSIN). The residential program plans to eventually provide a full spectrum of vocational services for the severely handicapped Navajo, including sheltered employment.

Federal legislation that could be tapped for funds to improve training and job opportunities for the handicapped Navajo includes:

Vocational Education Act of 1963 - (PL 89-329, amended Oct. 12, 1976 - PL 94-482) This act authorizes federal grants to states for the development, improvement and maintenance of vocational education programs for people of all educational levels. The act specifically states that a percentage of funds should be set aside for handicapped youths in depressed areas who are unable to function in regular vocational education programs.

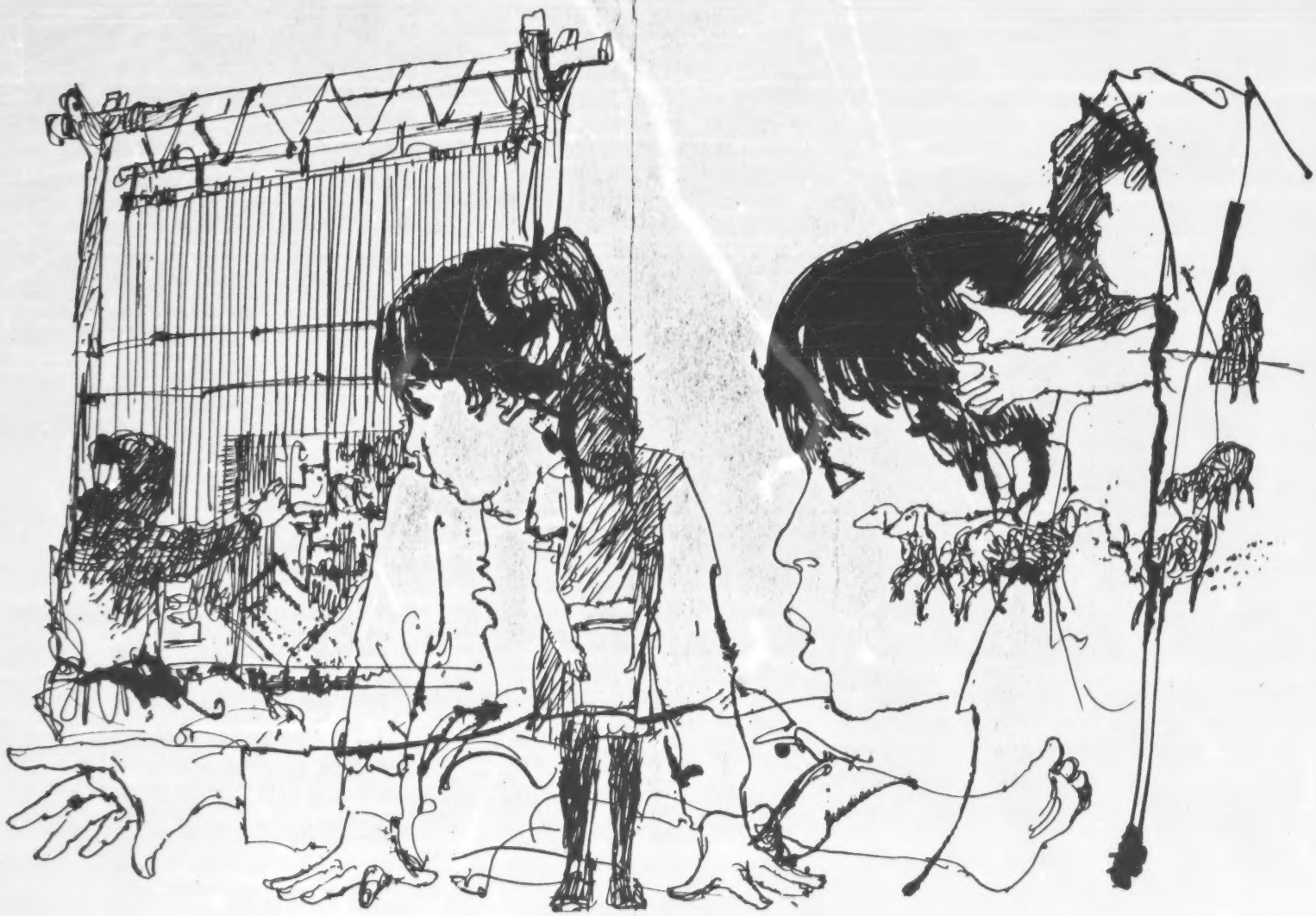
Comprehensive Employment and Training Act of 1973 - (PL 93-203) The purpose of this act is "to provide job training and employment opportunities for economically disadvantaged, unemployed and underemployed persons and to assure that training and other services lead to maximum employment opportunities." Title III of the act singles out Indian and Alaskan native communities as special need target groups for CETA funding of manpower programs.

In handicapped Navajos are to achieve any semblance of independence, they must have appropriate training, work, and an adequate income. At

present, most working age handicapped Navajos are either totally dependent on their families, an institution, or meager government disability stipends for their support. (The average stipend is approximately $160 a month. Many handicapped Navajos are unaware that they are even eligible for public assistance or disability benefits.)

A Word About the Handicapped in "Bordertowns"

Several so-called "bordertowns", such as Gallup, New Mexico, that are situated just outside the Navajo reservation attract a number of displaced handicapped Navajos. These are individuals who because of years of institutionalization or other reasons have lost contact with their families and have nowhere to go. They come to the bordertowns seeking the services, inexpensive housing and employment they cannot find on the reservation. Unfortunately, opportunities in the bordertowns are usually no less limited than those on the reservation. (For example, there is only one group home in Gallup that houses four handicapped Navajos.) Furthermore, no one seems to want to assume responsibility for providing services to the handicapped in bordertowns. Local governments feel the responsibility lies with the Tribe or the BIA; and the BIA and the Tribe have refused to extend their jurisdiction beyond reservation boundaries. As a result of this bureaucratic buck-passing, the handicapped Navajo in the bordertown has tended to fall between the cracks. What is needed is a joint local, BIA and Tribal effort to identify these individuals and see to it that they are provided with the kinds of services and assistance they need.



Conclusion

The plight of the handicapped Native American is serious but not hopeless. So many of his problems are closely related to the problems confronting all reservation dwellers -- poverty, ignorance, isolation, malnutrition, overcrowding and disease. It is impossible to separate the basic needs of the handicapped Native American from those of his able-bodied brothers. Until overall living conditions improve on reservations, Native Americans will continue to develop handicapping conditions at a higher rate than the rest of the population, and those so afflicted will continue to live the lives of the lowest of the low, outcasts among outcasts in our society.

The Navajo and other Native American groups have learned the hard way that they cannot trust the white man's repeated promised to improve their lot. They know that the white man is largely to blame for the situation of hardship they are forced to live in, but they realize that they are the ones who are going to have to get themselves out of it.

This kind of realization is of particular importance to the handicapped Native American. As Bruce Ramirez of the Council for Exceptional Children put it at the Inter-Tribal Symposium: "I think for too long we, as Indian people, have depended on the Bureau of Indian Affairs to look after our best interests. The hard fact of the matter is that the only way the Bureau of Indian Affairs responds to our needs is if they are prodded and pushed." In other words, the only way handicapped Native Americans are going to get the public services and facilities they need and

have a right to is by exerting pressure on heretofore unresponsive government agencies.

One of the first priorities of any grassroots movement to achieve parity for the handicapped must be public education. The public, particularly the families of the handicapped, must be made aware of the true nature of handicaps. The last vestiges of cultural prejudice concerning handicaps must be wiped out, and the concept of the handicap de-stigmatized -- neutralized -- through knowledge.

When this is accomplished, parents of the handicapped must then be educated regarding their legal rights and the services available to their children. Most parents of handicapped Native Americans remain unaware of their rights and their children are not being served today even though legislation establishing their rights to services was enacted several years ago.

Those Native American parents who have been made aware of their rights have shown a great willingness to use a variety of well established means to procure and protect these rights. The most effective means used so far seems to be organization into advocacy groups.

The Dine' Association of Retarded Citizens is a good example of this kind of advocacy organization. More parents of handicapped Native Americans need to be organized in this manner, so they can formulate common goals by putting pressure on those public agencies and persons responsible for filling their needs.

In order to apply pressure where it will do the most good, these parent groups must make it their business to educate themselves regarding existing legislation relevant to their cause,

potential sources of funding for needed services and facilities, procedures involved in applying for grants and loans, what public agency or official to go to for which problem and so on. Much of this information can be obtained from other established national handicapped advocacy organizations. (Although it must be remembered, that the special relationship reservation inhabitants have with the United States government may raise legal questions other groups do not have to confront.) In general, it is a good idea for Native American handicapped advocacy organizations to become associated with established national organizations. They can learn from the experiences of these groups and gain a broader hearing for their cause.

Native American organizations should not, however, become dependent on national organizations. This would in the long run only weaken their cause. As we have seen, the problems of the handicapped Native American are unique and demand unique solutions. While national ornizations can be of great help to Native American advocacy groups, they cannot ultimately solve their problems for them. They must assume this responsibility themselves. As Phil Roose, Executive Director of the National Association of Retarded Citizens said at the Inter-Tribal Symposium:

> We have learned that no one helps us, . . .
> unless we help ourselves. We have learned
> that we gain strength through unity. When
> we speak with one voice then we have power.
> Then we can exert clout and we can derive
> mutual support and mutual strength from unity.
> We have also learned at NARC that we must respect
> the local ways of doing things. We must respect
> the Navajo way and the Hopi way and the Sioux way . . .
> As a national organization we can support you.

> We can speak on behalf of your needs, but we must let you find the local solutions in your own way.

Greater communication and coordination between the various Native American advocacy groups should be fostered. The first Inter-Tribal Symposium should not become the Last Inter-Tribal Symposium. This kind of open exchange of information, ideas and strategy can only strengthen the movement for handicapped Native American rights.

The logical outcome of this movement is, of course, complete tribal control of planning and services for their handicapped. Ultimate tribal self-determination and independence has long been the expressed goal of the federal government. In working towards this end, tribal organizations, particularly the Navajo Nation, have gradually begun taking over and consolidating administrative responsibility in areas formerly dominated by federal, state and local agencies. In order to facilitate this transition in the area of facilities and services for the handicapped, the Navajo Nation and other tribal entities must work on developing the administrative skills, personnel and expertise needed for the successful assumption of responsibility.

In the interim, the public agencies that are now responsible for the welfare of the handicapped Native American should work closely with the tribes to provide them with the tools they need to achieve a successful takover and they should continue to work closely with them even after this goal has been achieved. Tribal self-determination does not imply federal abdication of its responsibilities to the tribe. It is not a severing of the relation-

ship, but a change in its direction. The self-determining tribe will become more like a state in its relationship with the federal government, and should be entitled to the same kind of aid and assistance that the states are in areas such as the construction, improvement, equipping and maintaining of facilities for the handicapped.

All this will necessarily involve a greater idealogical and financial commitment on the part of the United States government to the welfare of the handicapped Native American. The investment will pay off, in the long run, however, as more and more handicapped Native Americans, no longer forced to waste their lives at government expense in outmoded institutions, become independent, productive members of their communities.

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